

## BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/					51	/			
2		/				52	/			
3		/				53	/			
4		/				54	/			
5		/				55	/			
6		/				56	/			
7		/				57	/			
8		/				58	/			
9		/				59	/			
10		/				60	/			
11		/				61	/			
12		/				62	/			
13		/				63	/			
14		/				64	/			
15		/				65	/			
16		/				66	/			
17		/				67	/			
18		/				68	/			
19		/				69	/			
20		/				70	/			
21		/				71	/			
22		/				72	/			
23		/				73	/			
24		/				74	/			
25		/				75	/			
26		/				76	/			
27		/				77	/			
28		/				78	/			
29		/				79	/			
30		/				80	/			
31		/				81	/			
32		/				82	/			
33		/				83	/			
34		/				84	/			
35		/				85	/			
36		/				86				
37	/					87				
38		/				88				
39		/				89				
40	/					90				
41	/					91				
42		/				92				
43		/				93				
44		/				94				
45	/					95				
46	/					96				
47		/				97				
48		/				98				
49		/				99				
50		/				100				
TOTAL IND.						TOTAL IND.	/			
TOTAL DEP.						TOTAL DEP.	/			
TOTAL CLAIMS						TOTAL CLAIMS	/			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS